MEDICARE Basics

A GUIDE FOR FAMILIES AND FRIENDS OF PEOPLE WITH MEDICARE

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My Health. My Medicare.

MEDICARE Basics

A Guide for Families and Friends of People with Medicare

As your parents, grandparents, relatives, or friends face health care decisions, they might need to rely on you for help. Medicare can be an important factor in many of those health care decisions. But at this point, you may not be familiar with Medicare basics or other senior services. This booklet is for you.

"Medicare Basics" highlights eight "decision points" related to the health or overall well-being of an older person. For each of these decision points, you'll find basic information about Medicare and suggestions on finding more detailed information. Words you see in **bold** are defined in the "Words to Know" section.

Although "Medicare Basics" is directed to issues for the elderly, younger people with disabilities or with End-Stage Renal Disease who have Medicare might face similar needs and issues. This publication might also be helpful in identifying services for them.

"Medicare Basics" explains the Medicare Program. It isn't a legal document.
The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.

Reference in this booklet to any specific private website; commercial products, process, service, or manufacturer; organization; or company doesn't constitute its endorsement or recommendation by the U.S. Government or the Department of Health and Human Services.

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Decision Points

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QUICK FINDER

www.medicare.gov

www.medicare.gov is the official U.S. Government website for people with Medicare. It is an easy-to-use, comprehensive resource. Here are some of the things the person you care for can do on the website:

- Find out if you are eligible for Medicare and when you can enroll
- Find out what Medicare covers
- Find a Medicare Prescription Drug Plan
- Compare health plan options in your area
- Find a doctor who participates in Medicare
- Get information on the quality of care provided by nursing homes, hospitals, home health agencies and dialysis facilities

You can get information and help with your Medicare questions 24 hours a day, every day by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Learning the basics

"How are my retired parents paying for their health care? What sort of coverage do they have?"

START HERE

It will be necessary to learn what kind of health coverage the person you care for already has. First, find out if the person currently has Medicare. If he or she does have Medicare, find out which parts of Medicare he or she has—Part A (hospital insurance), Part B (medical insurance), or Part D (prescription drug coverage). You will also want to find out whether the person is in Original Medicare, in a Medicare Advantage Plan (like an HMO or PPO), or in any other type of Medicare health plan. This information is on a person's Medicare card. If the Medicare card for the person you care for is not available for you to look at, you can either call Medicare together, or the person you care for can complete an authorization form to allow you to get Medicare information released to you. To get an authorization form, call Medicare at the telephone number listed below. If the person you care for does not currently have Medicare, find out when he or she will be eligible to enroll.

NOTE: It is essential to find out if the person you care for has other health coverage in addition to Medicare, such as a health plan with a former employer, Medicaid, or other insurance that can help pay for health care needs. If the person is enrolled in Original Medicare, also find out if he or she has a Medigap (Medicare Supplement Insurance) policy.

DID YOU KNOW? Medicaid isn't the same as Medicare. Medicaid is a joint Federal and state program that helps with medical costs for some people with limited income and resources. Medicaid programs vary from state to state. A person may have both Medicaid and Medicare.

BASIC INFORMATION

Medicare is health insurance for people age 65 or older, under age 65 with certain disabilities or ALS (amyotrophic lateral sclerosis, or Lou Gehrig's disease), and any age with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

GETTING MEDICARE: If the person you care for is turning age 65 and is already getting Social Security benefits, or if those benefits will start at age 65, he or she will be enrolled automatically in Medicare. A Medicare card will be mailed about three months before his or her 65th birthday. The card will show this person has Part A (hospital insurance) and Part B (medical insurance) coverage. Most people don't have to pay a monthly premium for Medicare Part A when they turn age 65 because they or a spouse paid Medicare taxes while they were working. Most people do pay a premium each month for Part B. Part B is optional. However, there may be a late enrollment penalty if the person you care for doesn't join when he or she is first eligible. For important information about enrolling in Part B, visit www.medicare.gov on the web and view a copy of "Medicare & You." Under "Search Tools," select "Find a Medicare Publication." Or, you can contact your State Health Insurance Assistance Program (see page 6 for more information about this program).

If the person you care for isn't getting Social Security benefits when he or she turns age 65 (for example, if this person is still working), this person will have to sign up for Medicare. Call Social Security to find out more. To contact Social Security, see the "Find Out More" section below.

Your state has programs that pay some or all of the Medicare premiums for people with limited income and resources. Call your state's Medical Assistance (Medicaid) Office to learn about Medicare Savings Programs or visit www.medicare.gov on the web.

FIND OUT MORE

GET DETAILS

Medicare is here for you 24 hours a day, every day. Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Look for detailed benefit information about Medicare at **www.medicare.gov** on the web. This website has a full range of Medicare information, including tools to

- compare health plan choices in your area.
- find a Medicare drug plan.
- find a doctor.
- find helpful telephone numbers and websites.
- get free copies of Medicare publications like "Medicare & You" and "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare". Under "Search Tools," select "Find a Medicare Publication."

To get a Medicare authorization form, call 1-800-MEDICARE (1-800-633-4227).

To sign up for Medicare Part A or Part B, call Social Security at 1-800-772-1213. Or, visit **www.socialsecurity.gov** on the web.

To find out about Medicare Savings Programs, call your state Medical Assistance (Medicaid) Office. You can get the telephone number from your local telephone directory or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

MEDICARE OPTIONS

Today's Medicare is about choice. Medicare gives people different ways to get Medicare benefits, as well as tools to help people with Medicare make the best choice.

Medicare has Part A (hospital insurance) and Part B (medical insurance). People with Part A or B can also enroll in Part D (Medicare prescription drug coverage). Medicare prescription drug coverage may help lower the person's prescription drug costs and help protect against higher costs in the future. See pages 10 and 11 for more information.

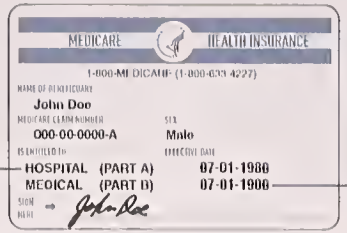
The **Original Medicare Plan** is a fee-for-service health plan that lets people with Medicare go to any doctor, hospital, or other health care provider who accepts Medicare. Medicare pays its share of an approved amount and the person with Medicare pays the rest, up to certain limits. People in the Original Medicare Plan must choose and join a Medicare Prescription Drug Plan if they want to get Medicare prescription drug coverage.

Medicare Advantage Plans such as **Medicare Health Maintenance Organization (HMO) Plans, Medicare Preferred Provider Organization (PPO) Plans, Medicare Private Fee-for-Service (PFFS) Plans, Medicare Special Needs Plans (SNPs), and Medicare Medical Savings Account (MSA) Plans** are available in many areas of the country. If the person you care for joins one, he or she will get all Medicare-covered benefits through the plan.

If the person you care for joins a Medicare Advantage Plan, the plan will usually provide Medicare prescription drug coverage. A person who joins a Medicare Advantage plan does not need to (and is not allowed to) join a separate Medicare prescription drug plan.

MORE OPTIONS: **Medigap (Medicare Supplement Insurance) policies** are sold by private insurance companies to fill "gaps" in Original Medicare Plan coverage, such as out-of-pocket costs for Medicare coinsurance and deductibles, or for services not covered by Medicare. A Medigap policy only works with the Original Medicare Plan. If the person you care for joins a Medicare Advantage (MA) Plan, he or she generally doesn't need (and can't use) a Medigap policy.

MEDICARE PART A (usually no premium) helps pay for inpatient hospital care, skilled nursing facility care following a hospital stay, hospice care, and some home health care.



MEDICARE PART B (premium) helps pay for doctors' services, outpatient hospital care, and some other medical services when they are medically necessary.

Not covered by Part A or Part B: long-term custodial care in a nursing home.

Snapshot of Coverage Under the Original Medicare Plan

	Medicare Helps Pay*	Medicare Doesn't Pay
Chiropractic Services	●	
Clinical Laboratory Services	●	
Custodial Care		○
Dental Care and Dentures**		○
Diabetic Services/Supplies	●	
Durable Medical Equipment	●	
Health Care While Traveling Outside the U.S.**		○
Home Health Services	●	
Hospice Care	●	
Hospital Stays	●	
Kidney Dialysis Services and Supplies	●	
Mental Health Care	●	
Physical Therapy	●	
Preventive Services	●	
Routine Eye and Foot Care		○
Skilled Nursing Facility Care	●	
Urgently Needed Care	●	

The Original Medicare Plan typically covers 80 percent of the Medicare-approved amount. Additional conditions will apply.
*Certain limits and conditions may apply.
**Except in limited situations.

www.aoa.gov
The U.S. Administration on Aging site offers a wide variety of information for seniors and caregivers, including the Eldercare Locator.

www.eldercare.gov
Use the AoA Eldercare Locator to learn about private insurance, community programs, Medicaid, and your closest Area Agency on Aging (AAA) program. Or call 1-800-677-1116.

To find out which insurance companies sell Medigap policies in your area, visit www.medicare.gov on the web. Under "Search Tools," select "Compare Health Plans and Medigap Policies in Your Area." Or, you can call your State Health Insurance Assistance Program (see page 23 for their telephone number).

Planning for a healthy future

"My grandparents are having more and more health problems and Granddad seems really frail. How can I help them before things get worse?"

START HERE

Finding that the people you've always relied on may now need your help can be hard. Begin to assess the situation by talking with them and other family members about their health care and prescription drug needs, as well as who should have permission to act on their behalf.

Help them focus on preventive care: healthy lifestyles, such as regular activity, eating a variety of foods, and maintaining social connections are important to health in later life. Also, remind them to protect their health by using Medicare's preventive care services.

PLAN NOW: While it is important to be sensitive to privacy, asking them to share some personal information about doctors, medications, and medical histories will help you better plan for their health care and prescription drug needs.

Talk to the person you care for about what he or she wants and doesn't want you to do. Some people decide to authorize a family member or trusted friend to make the decisions about their medical care. This is generally done through a Power of Attorney or a Durable Power of Attorney for health care. Contact your State Health Insurance Assistance Program (SHIP) for more information.

Also, discuss a living will (a health care advance directive) with this person. Living wills give directions about the kind of health care they want—and who may speak for them—if they cannot speak for themselves. Again, your SHIP can help you.

BASIC INFORMATION

At this point, you may be asking "what's a SHIP?" It is your resource for counseling and assistance about Medicare and insurance related issues. You can find the telephone number for the SHIP in your state on page 23.

You can meet with a local representative or talk to a SHIP counselor on the telephone for personal assistance. A SHIP gives free health insurance counseling and guidance to people with Medicare—or to family and friends, like you, who have authorization to help someone with Medicare questions. (See page 4 for information about a Medicare authorization form.)

The counselors at your SHIP office can answer general questions about hospitalization, Medicare choices, and local programs that can offer additional help. They can also help you learn more about living wills and Power of Attorney procedures. When you have a Medicare concern that needs to be discussed, your SHIP is a good place to start for solutions.

FIND OUT MORE

Find your SHIP: See page 23 to find the SHIP telephone number for your state; to find the most current telephone number visit www.medicare.gov on the web. Under "Search Tools," select "Find Helpful Phone Numbers and Websites."

Local eldercare info: Call 1-800-442-2803 to find out how to contact your Area Agency on Aging.

www.medicare.gov
Get free copies of Medicare publications including "Medicare & You" and "Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare." Under "Search Tools," select "Find a Medicare Publication." You can also call 1-800-MEDICARE (1-800-633-4227) to find out if a free copy can be mailed to you. TTY users should call 1-877-486-2048.

www.aarp.org
Visit "Family, Home and Legal" and select "Caregiving" to find resources for caregivers. The AARP site serves the needs of people age 50 and older by providing information, education, advocacy, and community. Or call 1-800-424-3410.

COMMUNITY OPTIONS

If you see yourself taking a greater role in caring for someone, now may be a good time to gather information about community services. Take time to assess this person's needs for care—and your own needs as a caregiver. Consider getting help to manage meals, transportation, social activities, and services to assist with other daily needs.

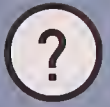
IMPORTANT: There are many reliable organizations that can help you that are devoted to both health care and older people. See the "Find Out More" section on the bottom of page 6.

You can get help by calling your Area Agency on Aging, or the U.S. Administration on Aging. You can also check with your county's Department of Social Services. It is listed with county government offices in your local phone directory. And, your local library can usually help identify senior centers and other senior services available in the area.

www.MyMedicare.gov

www.MyMedicare.gov provides direct Internet access to a person with Medicare's preventive health information—24 hours a day, every day. You can help the person you care for visit the site and sign up. On www.MyMedicare.gov, the person you care for can see a description of his or her covered preventive services, the last date that service was performed, and the next date that the person is eligible for that service.

INFORMATION TO KNOW



- Social Security Number
- Medicare Number and Medicare plan enrollment
- Other insurance plans and policy numbers, including long-term care insurance
- Contact information for health care professionals: doctors; specialists; nurses; pharmacists
- Current list of prescription drugs and their dosages
- Current health conditions, treatments, and symptoms
- History of past health problems
- Any allergies or food restrictions
- Emergency contacts, close friends, neighbors, clergy, housing manager
- Where to find financial and legal information

Snapshot of Preventive Tests and Services That Medicare Helps Pay For

Shots	Pneumococcal Flu Hepatitis B (for people at medium to high risk)	
Exams	Pelvic Exam, Pap Test, Clinical Breast Exam	One-Time "Welcome to Medicare" Physical Exam (within the first six months that you have Part B)
Screenings	Colorectal Cancer Prostate Cancer Breast Cancer (mammograms) Glaucoma (for people at high risk)	Cardiovascular Diabetes (for people at risk)
Other Preventive Benefits and Benefits to Help Keep You Healthy	Diabetes Supplies and Self-Management Training Bone Mass Measurement Medical Nutrition Therapy Smoking Cessation (counseling to quit smoking)	

The Original Medicare Plan typically covers 80 percent of the Medicare-approved amount. Additional conditions will apply.

www.caregiving.org
Select "Alliance Publications & Reports" to find publications with advice and contacts for those caring for an older relative or friend from the National Alliance for Caregiving.

www.healthfindor.gov
Search "caregiving" to find a series of website resources, including government agencies, nonprofits, and universities, that address a variety of eldercare topics from the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

www.aoa.gov
Select "Elders and Families" to find a variety of caregiving resources, including ways to take care of others and yourself, joining a caregiver support group, and where to find supportive services in your community.

www.benefitschockup.org
A service from the National Council on Aging for eligibility information about Federal and state programs including Social Security, Medicaid, food stamps, in-home services, and pharmacy programs.

Seeking second opinions

Chronic illness

"My mother has been diagnosed with a serious condition and she is really concerned about the future. Can she seek a second opinion?"

START HERE

Facing a chronic health condition or surgery will raise questions and increase concerns for the person you care for. Having your support is important. Talk with this person about his or her condition and treatment, and about what the doctor said during visits. Going over the facts may relieve some concerns and give a more realistic picture of the situation. And, having you to talk to will be comforting—and helpful as the person you care for makes health care decisions for the future.

Assure this person that everyone with Medicare has the right to know what their choices are, discuss the choices with another doctor, and have their wishes considered.

BASIC INFORMATION

When a person's doctor recommends surgery or a major medical test, encourage the patient to get a second opinion—even a third opinion. Getting a third opinion is beneficial when the first and second opinions are different. Seeing a third health care provider can provide information that helps patients decide on the best course of action for their health.

Medicare covers second and third opinions for non-emergency surgery. Medicare pays for 80 percent of the Medicare-approved amount for second and third opinions as necessary. The Original Medicare Plan also helps pay for certain medical tests that may be required to get additional doctors' opinions.

Examples of non-emergency surgery are a gall bladder procedure, hysterectomy, hernia repair, or cataract operation. Check the Medicare resources in the "Find Out More" section to get more information about second opinions, surgery, and specific medical tests.

IMPORTANT: Always ask if a doctor or supplier accepts "assignment."

Assignment is an agreement between Medicare, doctors, health care providers, and suppliers to accept the Medicare-approved amount as payment in full.

SEEKING ANOTHER OPINION: Some Medicare Advantage Plans may require the primary care doctor to give a written referral to another doctor for a second or third opinion.

FIND OUT MORE

Quick coverage check. Call 1-800-MEDICARE (1-800-633-4227) for quick information about what Medicare does and doesn't cover or check with your SHIP. TTY users should call 1-877-486-2048.

Learn about second opinions: Call 1-800-MEDICARE (1-800-633-4227).

Find Medicare participating doctors in your area: Call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov on the web.

Learn about caregiver resources: Visit www.caregiver.org on the web. This is the website of the National Alliance for Caregiving.

OTHER RESOURCES OF INTEREST:

www.alz.org
Find caregiver information and resources from the Alzheimer's Association. Or call 1-800-272-3900 for around the clock support.

STEPS TO SECOND OPINIONS

Non-emergency surgery has been recommended — and you want a second opinion.

↓

Ask your primary care doctor to refer you to another doctor for a second opinion or visit www.medicare.gov on the web. Under "Search Tools," select "Find a Doctor" to check the Participating Physician Directory.

↓

See the new doctor for a second opinion.

↓

If the second opinion agrees with the first opinion, you can make an informed decision about surgery.

If the second opinion disagrees with the first opinion, you may seek a third opinion from a different doctor.

↓

Ask your primary care doctor to refer you to a different doctor for a third opinion or find another doctor in the Participating Physician Directory.

↓

See the new doctor for a third opinion.

↓

Compare all three medical opinions to make an informed decision about surgery.

COPING WITH ILLNESS

Helping the person you care for cope with a serious health condition, especially over a long period of time, can be physically and emotionally draining.

If you are a caregiver, there are a few things you can do. Find someone you can talk to about your feelings—all of them are legitimate, even those that upset you. It is also important to set realistic goals. Balancing work, family, and time for yourself is difficult. Determine your priorities and turn to other people for help with some tasks. Carve out time for yourself, even if it is just an hour or two.

There should be resources in your community that can help. Check the newspaper or local library to locate a caregiver support group in your area. Sharing experiences with others can help you manage stress, locate resources, and reduce feelings of isolation.

Talk to a professional who is trained to provide counseling on caregiving issues. Help may also be available through your employee assistance program.

If available, take advantage of respite care. Respite care is a service that provides temporary care for an older person. Respite care may mean help with a specific task or having health care providers care for the individual at home or in an extended care facility while you take time off. Medicare doesn't usually pay for respite care, but other help may be available.

www.alzheimers.org
The Alzheimer's Disease Education and Referral Center's website from the National Institute on Aging.

www.cancer.gov
Comprehensive cancer information from the National Cancer Institute.

www.diabetes.org
Research and information from the American Diabetes Association.

www.ninds.nih.gov
Overview of Parkinson's disease from the National Institute of Neurological Disorders and Stroke.

Paying for outpatient prescription drugs

"My neighbor Al's medical conditions require him to be on a number of medications. Where can he get help to pay for his outpatient prescription drugs?"

START HERE

Medicare offers prescription drug coverage for everyone with Medicare. This coverage is called "Part D." Medicare prescription drug coverage can protect the person you care for against higher future drug costs and give him or her access to drugs that he or she can use to stay physically and mentally healthy.

Even if the person you care for doesn't take a lot of prescription drugs now, he or she should still consider joining a Medicare drug plan. It will be there if he or she needs it to help with drug costs.

If the person you care for has prescription drug coverage from:

- **a former or current employer or union, contact his or her benefits administrator before making any changes to his or her drug coverage. Joining a Medicare drug plan could change how the person's employer or union coverage works, both for the person you care for and any dependents covered by the plan.**
- **TRICARE, the Department of Veterans Affairs (VA), or the Federal Employee Health Benefits Program (FEHBP), contact his or her benefits administrator or insurer before making any changes. In most cases, it will be to the person's advantage to keep his or her current coverage. However, in some cases, adding Medicare prescription drug coverage can provide the person you care for with extra coverage and savings, especially if he or she qualifies for extra help (see "Note" on page 11).**

FIND OUT MORE

Prescription drug programs near you: Call your state Department of Aging. You can get their telephone number from the Eldercare Locator. Call 1-800-677-1116 and ask for a free copy of Pharmaceutical Programs for Seniors from the U.S. Administration on Aging. You can also visit www.eldercare.gov on the web.

www.aarp.org
Select "Health" for information on a variety of topics, including prescription programs and health issues.

BASIC INFORMATION

Medicare drug plans are run by insurance companies and other private companies approved by Medicare. Each plan can vary in cost and drugs covered. To get Medicare drug coverage, the person you care for can join a Medicare drug plan.

There are two ways to get Medicare prescription drug coverage:

1. Join a Medicare Prescription Drug Plan (PDP). These plans add drug coverage to the Original Medicare Plan, some Medicare Cost Plans, some Medicare Private Fee-for-Service (PFFS) Plans, and Medicare Medical Savings Account (MSA) Plans.
2. Join a Medicare Advantage (MA) Plan, like a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO), or another Medicare health plan that includes prescription drug coverage. You get all of your Medicare coverage, including prescription drugs, through these plans.

If the person you care for joins a Medicare drug plan, he or she usually pays a separate monthly premium in addition to his or her Part B premium. The amount of the monthly premium isn't affected by the health status of the person you care for or how many prescriptions he or she uses.

IMPORTANT: Joining a Medicare drug plan when he or she is first eligible means the person you care for will pay the lowest possible monthly premium. If the person you care for doesn't join a Medicare drug plan when he or she is first eligible and he or she goes without creditable prescription drug coverage for 63 continuous days or more, he or she may have to pay a late enrollment penalty to join a plan later. This penalty amount changes every year, and the person you care for will have to pay it as long as he or she has Medicare prescription drug coverage. If the person you care for qualifies for extra help (see "Note" on page 11), he or she may not have to pay a penalty.

COSTS AND COVERAGE: Most Medicare drug plans charge a monthly premium that varies by plan. The person you care for pays this in addition to the Part B premium. Costs and coverage for particular drugs will vary depending on which drugs the person you care for uses, which Medicare drug plan he or she chooses, and whether he or she gets extra help (see "Note" below) from Medicare to pay for prescription drug costs. Having a variety of plans to choose from gives people with Medicare the chance to pick a plan that meets their unique needs. Help the person you care for choose a plan that will allow the person to get the coverage he or she wants at the best price possible.

In most cases, if the person you care for joins a Medicare drug plan, coverage is effective the first day of the month after the month the person joins. Enrollment is generally for the calendar year. The person you care for can switch plans from November 15–December 31 each year if his or her coverage changes or his or her needs change. In this case, coverage begins January 1 of the following year.

NOTE: People with Medicare who have limited income and resources may get extra help to cover prescription drugs for little or no cost. If you think the person you care for may qualify for extra help, call Social Security at 1-800-772-1213, visit www.socialsecurity.gov on the web, or contact your State Medical Assistance (Medicaid) office. TTY users should call 1-800-325-0778.

If the person you care for decides to join a Medicare prescription drug plan, it is best to enroll early in the month. This gives the plan time to mail his or her membership card, acknowledgement letter, and welcome package before his or her coverage becomes effective. This way, even if the person you care for goes to the pharmacy on the first day of coverage, he or she can get prescriptions filled without delay.

For more information about Medicare prescription drug coverage, visit www.medicare.gov on the web to get a free copy of "Your Guide to Medicare Prescription Drug Coverage." Under "Search Tools," select "Find a Medicare Publication." You can also find information in the "Medicare & You" handbook your family member or friend gets in the mail in the fall. It includes detailed information about Medicare drug plans, including which plans are available in your area. You should contact the plans you are interested in for more details.

If the person you care for needs help choosing a Medicare drug plan that meets his or her needs, together, you can

- visit www.medicare.gov on the web. Under "Search Tools," select "Compare Medicare Prescription Drug Plans."
- call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- call the State Health Insurance Assistance Program (SHIP) in your state for personalized help (see page 23 for their telephone number).
- attend a Medicare event in your community.

www.fda.gov
The U.S. Food and Drug Administration website provides information about new prescription drug approvals; drug safety and side effects; public health alerts and warning letters; reports and publications; and special projects and programs.

www.nlm.nih.gov
The National Library of Medicine website includes a guide to more than 9,000 prescription and over-the-counter medications provided by the United States Pharmacopeia (USP) in the USP DI® and Advice for the Patient®.

www.phrma.org
The Pharmaceutical Research and Manufacturers of America (PhRMA) website contains a searchable directory of prescription drug assistance programs that are available from PhRMA members. Select "Patient Assistance Programs."

Help with hospitalization and other billing questions

"Aunt Alice asked for my help. She is in the hospital, and I'm trying to figure out her bills."

START HERE

Medicare covers inpatient hospital care when all of the following are true:

- A doctor says the person with Medicare needs inpatient hospital care to treat an injury or illness
- The person with Medicare needs the kind of care that can be given only in a hospital
- The hospital has an agreement with Medicare
- The Utilization Review Committee of the hospital approves the stay while the person with Medicare is in the hospital
- A Quality Improvement Organization approves the stay after the bill is submitted

Medicare helps pay for the following services:

- Care—general nursing
- Room—semiprivate room
- Hospital services—meals, most services and supplies

Medicare doesn't pay for the following services:

- Care—private-duty nursing
- Room—private room (unless medically necessary)
- Hospital services—television and telephone

BASIC INFORMATION

Knowing about deductibles, coinsurance, and copayments can help you understand Medicare billing.

The **deductible** is the amount that a person must pay for health care or prescriptions, before the Original Medicare Plan, the person's prescription drug plan, or other insurance begins to pay. For example, in the Original Medicare Plan, the person with Medicare pays a new deductible for each **benefit period** for Part A and each year for Part B. These amounts can change every year.

Coinsurance is the amount the person you care for may be required to pay for services after he or she pays any plan deductibles. In the Original Medicare Plan, this is a percentage (like 20%) of the Medicare-approved amount. The person you care for will have to pay this amount after he or she pays the deductible for Part A and/or Part B. In a **Medicare Prescription Drug Plan**, the coinsurance will vary depending on how much the person you care for has spent.

In some Medicare health and prescription drug plans, a **copayment** is the amount the person you care for will pay for each medical service, like a doctor's visit or prescription. A copayment is usually a set amount. For example, this could be $10 or $20 for a doctor's visit or prescription. Copayments are also used for some hospital outpatient services in the Original Medicare Plan.

IMPORTANT: When a person with Medicare is covered by more than one health insurance plan, there are rules about whether Medicare or the other insurer pays health care bills first. This is called "coordination of benefits." Sometimes, the other health insurance pays the person's health care hills first, and the person's Original Medicare Plan or Medicare Advantage (MA) Plan pays second. Other insurance that may pay first includes an employer's or union's group health plan coverage, no-fault insurance, liability insurance, black lung benefits, or workers' compensation. If the person you care for has other insurance, it is important that you tell his or her doctor, hospital, and pharmacy so that his or her bills get paid correctly.

If you have questions about who pays first, see the "Find Out More" section on this page.

FIND OUT MORE

Who pays first? Call Medicare's Coordination of Benefits Contractor at 1-800-999-1118 if you have other insurance and you have questions about who pays first. TTY users should call 1-800-318-8782.

www.medicare.gov
Get free copies of the booklet "Medicare and Other Health Benefits: Your Guide to Who Pays First", or get an "Appointment of Representative" form. You can also request these publications or an "Appointment of Representative" form by calling 1-800-MEDICARE (1-800-633-4227).

www.healthfinder.gov
Information from many federal agencies, states, professional associations, nonprofit organizations, and universities.

www.ncoa.org
Identify programs to improve older adults' quality of life from the National Council on the Aging.

www.seniors.gov
The federal website for seniors with a locator to find services near where you live or work

If the person you care for is in the Original Medicare Plan, he or she will get a Medicare Summary Notice (MSN) in the mail every three months if he or she had a Medicare-covered service during that period. The notice lists the services the person you care for received and the amount he or she may be billed by a hospital, doctor, or other provider. These notices are sent by companies that handle bills for Medicare. If you disagree with the information on the MSN, you can file an appeal. Information on how to appeal is included on the notice. For more information about the MSN, including a sample MSN and information on how to read it, visit www.medicare.gov on the web and select "Medicare Billing." Or, call 1-800-MEDICARE (1-800-633-4227) and say "Billing."

IMPORTANT: Notices and bills for Medicare Advantage Plans and Medigap policies will look different than the MSN for people in the Original Medicare Plan. If you have a question about a Medicare Advantage Plan or Medigap policy, you will need to call the benefits coordinator at the company or health plan that offers the plan. To locate telephone numbers, you can look at the notice or bill from the plan. Or, you can call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

The person you care for has certain guaranteed rights. One of these is the right to a fair, efficient, and timely process for appealing decisions about health care payment or services. No matter how this person gets his or her Medicare health care, there is generally a right to appeal. Some of the reasons for an appeal are when

- the person you care for doesn't agree with the amount that Medicare paid.
- a service or item isn't covered and the person you care for thinks it should be covered.
- a service or item is denied, and the person you care for thinks it should be paid.

Information on how to file an appeal is on the MSN, in the health plan materials, or in the drug plan materials. If the person you care for decides to file an appeal, ask the doctor or provider for any information that may help the case. You can also call the State Health Insurance Assistance Program (SHIP) for help filing an appeal (see page 23 for their telephone number).

If the person you care for wants someone to file an appeal on his or her behalf, he or she will need to complete an "Appointment of Representative" form. To get a copy of this form, see the "Find Out More" section on page 12.

For more information about your appeal rights, visit www.medicare.gov on the web to get a free copy of "Your Medicare Rights and Protections." Under "Search Tools," select "Find a Medicare Publication." You can also call 1-800-MEDICARE (1-800-633-4227) to find out if a free copy can be mailed to you. TTY users should call 1-877-486-2048.

IMPORTANT: The Medicare Beneficiary Ombudsman works to ensure that people with Medicare get the information and help they need to understand their Medicare options and to apply their rights and protections. The Medicare Ombudsman works to ensure that existing Medicare information, counseling, and assistance resources work the way they should to help people with Medicare with complaints, appeals, grievances, or questions about Medicare. Visit www.medicare.gov on the web or call 1-800-MEDICARE (1-800-633-4227) for more information, to ask questions, and to submit complaints about Medicare to the Office of the Medicare Ombudsman. TTY users should call 1-877-486-2048.

Snapshot of Original Medicare Coverage for Inpatient Hospital Stays (Medicare Part A)

		Medicare Helps Pay	Medicare Doesn't Pay
Care	General Nursing	●	
	Private Duty Nursing		○
Room	Semiprivate Room	●	
	Private Room (unless medically necessary)		○
Hospital Services	Meals	●	
	Television		○
	Telephone		○
	Most Services and Supplies	●	

Certain conditions will apply.

Home health care and community services

"Henry is doing better after his illness, but he may need some ongoing help. How do I find him the services he needs?"

START HERE

The right kind of support can go a long way to help people continue to lead independent, productive lives at home.

Together, you and the person you care for should start by checking with his or her doctor about what services are needed and who provides them. To find out if a patient is eligible for Medicare's **Home Health Care** services, call the **Regional Home Health Intermediary (RHHI)**. A RHHI is a private company that contracts with Medicare to pay bills and check on the quality of home health care. To contact a RHHI, call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov on the web. TTY users should call 1-877-486-2048.

BASIC INFORMATION

Home health care under the **Original Medicare Plan** is short-term skilled care at home after hospitalization or for the treatment of an illness or injury.

Home health agencies provide home care services, including skilled nursing care, physical therapy, occupational therapy, speech therapy, medical social work, and care by home health aides.

Medicare Home Health Care benefits are available to patients if they meet four conditions:

1. Their doctor decides the patient needs medical care in the home and makes a plan for their care at home, and
2. They need reasonable and necessary intermittent skilled care or physical therapy, continuing need for occupational therapy, or speech-language pathology ordered by the doctor and provided by a Medicare-certified home health agency. Home health services may also include medical social services, home health aide services or other services, durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers), and medical supplies for use at home.
3. The person is homebound. This means they are normally unable to leave home and that leaving home is a major effort. When he or she leaves home, it must be infrequent, for a short time. The person may attend religious services. He or she may leave the house to get medical treatment, including therapeutic or psychosocial care. The person may also get care in an adult day care program that is licensed or certified by his or her state or accredited to furnish adult day care services in his or her state, and
4. The home health agency caring for the person must be approved by Medicare.

NOTE FOR WOMEN WITH OSTEOPOROSIS: Medicare helps pay for an injectable drug for osteoporosis in women who have Medicare Part B, meet the criteria for the Medicare home health benefit, and have a bone fracture that a doctor certifies was related to post-menopausal osteoporosis. The person you care for must also be certified by a doctor as unable to learn or unable to give herself the drug by injection, and that family and/or caregivers are unable or unwilling to give the drug by injection. Medicare covers the visit by a home health nurse to give the drug.

FIND OUT MORE

www.medicare.gov
Get a free copy of "Medicare and Home Health Care." This booklet provides complete information on Home Health Care benefits. Under "Search Tools," select "Find a Medicare Publication."

www.aarp.org
Find information about community-based services and providing for health care needs so older people can stay in their homes.

www.mowaa.org
The Meals on Wheels website can help search for a meal service program in your community.

www.caremanager.org
Locate a geriatric care manager who can oversee care for your older relative or friend, from the National Association of Professional Geriatric Care Managers, Inc.

CARE OPTIONS

Even if the person you are caring for is receiving care not covered under the Original Medicare Plan, there are options for ongoing care.

Some Medicare Advantage Plans or Medigap policies may help with short-term care needs. The State Health Insurance Assistance Program can help you determine choices and coverage (see page 23 for their telephone number).

There are times when a person's needs extend beyond the intermittent skilled care provided through Medicare. Community-based services across the country support independent living and are designed to promote the health, well-being and independence of older adults. These services can also supplement the supportive activities of caregivers.

Often, community-based senior citizens' services offer companionship visits, help around the house, meal programs, caregiver respite, adult day care services, transportation, and more. These support services may be funded by state and county programs or offered by church or volunteer groups.

QUESTIONS TO ASK A HOME HEALTH AGENCY

- Is your agency Medicare-approved?
- How long have you served the community?
- Does this agency provide the services my relative or friend needs?
- How are emergencies handled?
- Is the staff on duty around the clock?
- How much do services and supplies cost?
- Will you be in regular contact with the doctor?

Snapshot of Original Medicare Coverage for Qualified Home Health Care Patients

		Medicare Helps Pay	Medicare Doesn't Pay
Care	Home Health Aide (part-time or intermittent)	●	
	Skilled Nursing Care (part-time or intermittent)	●	
	Personal Care (full-time)		○
	24-Hour/Day Care at Home		○
	Homemaker (shopping, cleaning, laundry)		○
	Home Meal Delivery		○
Therapy	Physical Therapy	●	
	Occupational Therapy	●	
	Speech-Language Therapy	●	
Medical Supplies	Wound Dressings	●	
	Durable Medical Equipment	●	
Drugs	Injectable Osteoporosis Drug*	●	

*Certain conditions will apply.

FIND A MEDICARE-APPROVED HOME HEALTH AGENCY

- Ask the doctor or hospital discharge planner
- Use a senior community referral service or agency
- Look in your telephone directory in the Yellow Pages under "home care" or "home health care"

www.first.gov
Click "Benefits and Grants" to find information on benefits such as Social Security, Medicare, pensions, and food assistance.

www.nahc.org
Information on home care needs, provider qualifications, locating home care agencies, and paying for home health care from the National Association for Home Care & Hospice.

www.eldercare.gov
Identify your Area Agency on Aging and local resources, including long-term care, adult care centers, home health agencies, and senior centers. Or, call the Eldercare Locator at 1-800-677-1116. Your AAA is part of a nationwide system that responds to the needs of seniors and their caregivers.

Nursing homes and housing options

"Mom needs professional care around the clock. Will her insurance pay for a nursing facility? How do I find a good nursing facility?"

START HERE

Serious and chronic illness may create a need for full-time care outside the home. It is a decision you and the person you are caring for should discuss with the doctor—as well as other family members.

Start your search for nursing home care at www.medicare.gov on the web. You can find many links that can help you gather information about Medicare- and Medicaid-certified nursing facilities and long-term care options in your state. You also can compare the quality of nursing homes in your area.

If long-term care is needed, you may want to consider in-home services from a home health agency in your community. Look under "Home Care" or "Home Health Services" in your telephone directory. Be aware that some community programs offer help with free meals, visits, or transportation.

BASIC INFORMATION

Nursing home care can be very expensive. Medicare generally doesn't cover nursing home care. There are many ways people can pay for nursing home care. For example, they can use their money, they may be able to get help from their state, or they may use long-term care insurance.

Nursing home care isn't covered by many types of health insurance. Most people who enter nursing homes begin by paying for their care out of their own pocket. As they use up their resources over a period of time, they may eventually become eligible for Medicaid.

NURSING HOMES AND MEDICAID: Medicaid is a state and Federal program that will pay most nursing home costs for people with limited income and resources. Eligibility varies by state. Medicaid pays for care for about 7 out of every 10 nursing home residents. Medicaid will pay for nursing home care only when provided in a Medicaid-certified facility. For information about Medicaid eligibility, call your state Medical Assistance (Medicaid) Office.

MEDICARE COVERAGE OF SKILLED NURSING FACILITY CARE: Medicare does cover skilled nursing care after a 3-day qualifying hospital stay. Skilled care is health care given when the person needs skilled nursing or rehabilitation staff to manage, observe, and evaluate his or her care. Examples of skilled care include changing sterile dressings and physical therapy. Care that can be given by non-professional staff isn't considered skilled care. Medicare covers certain skilled care services that are needed daily on a short-term basis (up to 100 days). For more information on Medicare coverage of skilled nursing facility care, visit www.medicare.gov on the web. Under "Search Tools," select "Find a Medicare Publication" to look at or print a copy of the booklet "Medicare Coverage of Skilled Nursing Facility Care." You can also call 1-800-MEDICARE (1-800-633-4227) to find out if a free copy can be mailed to you. TTY users should call 1-877-486-2048.

IMPORTANT: For more information about help paying for nursing care and other health care costs, call your local State Health Insurance Assistance Program (see page 23 for their telephone number) or nursing home Ombudsman (visit www.aoa.gov on the web).

FIND OUT MORE

www.medicare.gov
Get information about nursing home facilities across the nation. Get a free copy of "Guide to Choosing a Nursing Home" and "Medicare Coverage of Skilled Nursing Facility Care". Under "Search Tools," select "Find a Medicare Publication."

www.aahsa.org
Find nonprofit residences, evaluate them, and choose a facility or provider at the website of the American Association of Homes and Services for the Aging.

www.ahca.org
Information about senior housing facilities, nursing homes, continuing care retirement centers (CCRCs), and assisted living facilities from the American Health Care Association.

CARE OPTIONS

There are several categories of care available in most communities—ranging from daytime activities to full-time care.

ADULT DAY CARE: Daily structured activities and health-related and rehabilitation services for the elderly who need a protective environment. Care is provided during the day and the individual returns home for the evening.

ASSISTED LIVING FACILITIES: Residential homes offering a range of services that usually include activities of daily living, supervision, and medication management.

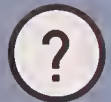
CONTINUING CARE RETIREMENT COMMUNITIES (CCRC): A housing community that provides different levels of care based on residents' needs.

CUSTODIAL CARE: Assistance with daily activities such as bathing, eating, and dressing.

RESIDENTIAL CARE FACILITIES: Settings designed for independent living while offering meals, social and recreational activities, and other support.

SKILLED NURSING FACILITIES: Facilities with 24-hour supervision and medical and rehabilitative services for patients requiring a high level of care.

CONSIDER THIS WHEN CHOOSING A NURSING HOME



- Is the facility Medicare- or Medicaid-certified?
- Does the nursing home have the level of care needed (e.g., skilled, custodial) and a bed available?
- Does the nursing home have special services if needed in a separate unit (e.g., ventilator or rehabilitation) and is a bed available?
- Are residents clean, well groomed, and appropriately dressed for the season or time of day?
- Is the nursing home free from strong unpleasant odors?
- Does the nursing home appear to be clean and well kept?
- Does the nursing home conduct staff background checks?
- Does the nursing home staff interact warmly and respectfully with home residents?
- Does the nursing home meet cultural, religious, or language needs?
- Are the nursing home and the current administrator licensed?

You will want to make surprise visits at different times of the day to verify conditions.

For a complete nursing home checklist, visit www.medicare.gov on the web.

MEDICARE'S NURSING HOME QUALITY INITIATIVE

Medicare has implemented a national quality initiative to help people compare nursing home quality of care. Medicare is reporting a new set of quality measures and publishes the results. These quality measures are an additional source of information to help you choose a nursing home. A checklist is available to assist you. For this checklist or more information, call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov on the web.

The state conducts inspections of each participating nursing home, on average, about once a year. The state also investigates complaints about nursing home care to make sure the nursing homes meet the minimum Medicare and Medicaid quality and performance standards. The Centers for Medicare & Medicaid Services (CMS) also works with Quality Improvement Organizations in each state to help nursing homes improve the quality of care they give residents.

www.eldercare.gov
Information on selecting nursing homes in your area.

www.naic.org
Request the free publication, "A Shopper's Guide to Long-Term Care Insurance" from the National Association of Insurance Commissioners.

Long-term care insurance: A private insurance policy purchased from an insurance company. The benefits and costs of these plans vary widely. For more information, contact the National Association of Insurance Commissioners (NAIC) at 1-816-783-8500.

Considering hospice care

"The doctors have said there's really nothing more they can do for Uncle Jerry. Should we consider hospice care?"

START HERE

Hospice Care is a special way of caring for people who are terminally ill—and helping their families cope. The goal of hospice is to provide end-of-life care, not to cure the illness. This care includes treatment to relieve symptoms and keep the individual comfortable. It includes medical care, nursing care, social services, drugs for the terminal and related conditions, durable medical equipment, and other types of items and services.

Call your Regional Home Health Intermediary (RHHI) for more information about Medicare hospice benefits. A RHHI is a private company that contracts with Medicare to pay bills and check on the quality of hospice and home health care. Your State Hospice Organization can also help you locate hospice care.

To get local telephone numbers for your RHHI or State Hospice Organization, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

BASIC INFORMATION

Medicare's hospice benefit provides for support and comfort to terminally ill patients—including services not usually paid for by Medicare. To be eligible for hospice care, the patient must have Medicare Part A and

- the doctor and hospice medical director must certify that the patient is terminally ill and has probably six months or less to live.
- the patient must sign a statement choosing hospice care instead of routine Medicare-covered benefits for their terminal illness.
- the patient must receive care from a Medicare-approved hospice program.

Be aware that Medicare hospice benefits don't include treatment to cure terminal illness. If the patient's health improves or the illness goes into remission, he or she always has the right to stop getting hospice care and go back to the regular Medicare health plan. A hospice patient will continue to have Medicare benefits to help pay for treatment of conditions unrelated to the terminal illness.

To find a hospice program, call 1-800-MEDICARE (1-800-633-4227) or your State Hospice Organization in the blue pages of your telephone book. Medicare requires the hospice agency and hospice team you choose to provide care.

FIND OUT MORE

www.medicare.gov
Get a free copy of "Medicare Hospice Benefits." Under "Search Tools," select "Find a Medicare Publication."

www.nhpco.org
Information on hospice programs across the United States from the National Hospice and Palliative Care Organization.

www.hospiceinfo.org
Free booklets: "Hospice Care & The Medicare Hospice Benefit" and "Hospice Care: A Consumer's Guide to Selecting a Hospice Program" from the National Hospice Foundation.

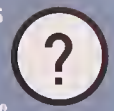
www.hospice-america.org
Information from the Hospice Association of America. This organization represents hospices, caregivers, and volunteers serving terminally ill patients and their families.

HOSPICE CARE

Most hospice patients get hospice care in the comfort of their home and with their families. Depending on the patient's condition, hospice care also may be given in a Medicare-approved hospice facility, hospital, or nursing home. Hospice volunteers are available to do household chores, provide companionship, and offer support to the patient and family.

Medicare pays for inpatient respite care (short-term care for hospice patients) so that the usual caregiver can rest.

CONSIDER THESE QUESTIONS WHEN SELECTING HOSPICE CARE PROVIDERS



- Does the hospice provider train caregivers to care for the patient at home?
- How will the patient's doctor work with the doctor in the hospice program?
- How many other patients are assigned to the hospice care staff?
- Does the hospice staff meet regularly with the patient and family to discuss care?
- How does the hospice staff respond to after-hour emergencies?
- What measures are in place to ensure hospice care quality?
- What services do hospice volunteers offer? Are they trained?
- Is the hospice program certified and licensed by the state or federal government?

Snapshot of Original Medicare Plan Coverage for Hospice Care		Medicare Helps Pay	Medicare Doesn't Pay
Medical Care	Doctor's Services	●	
	Skilled Nursing	●	
	Curative Treatments for Terminal Illness		○
Support Care	Homemaker Services	●	
	Home Health Aide	●	
	Short-Term Hospital Care Including Respite Care	●	
Therapy	Physical Therapy	●	
	Occupational Therapy	●	
	Speech-Language Therapy	●	
	Dietary Counseling	●	
	Counseling for Patient and Family	●	
Drugs	Symptom Control (except copayments up to $5)	●	
	Pain Relief (except copayments up to $5)	●	
Medical Supplies	Wheelchairs or Walkers	●	
	Wound Dressings	●	

Certain conditions will apply

Next Steps

You can support your older relative or friend by becoming familiar with Medicare and other senior services. The resources in this booklet provide a starting point. Once you gather the information, the next step is to contact the people and organizations that can support your loved one or friend in a personal way. The Medicare website, www.medicare.gov, is a comprehensive source of Medicare information. You can talk with a Medicare customer service representative at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Be sure to request or download your own copy of the "Medicare & You" handbook for easy reference. You may also request or download other topic-specific publications. Medicare is working to meet the needs of people with Medicare—and those who care for them.

WORDS TO KNOW

Advance Directive
A written document stating how you want medical decisions to be made if you lose the ability to make them for yourself. It may include a Living Will and a Durable Power of Attorney for health care.

Benefit Period
The way that the Original Medicare Plan measures your use of hospital and skilled nursing facility (SNF) services. A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods, although inpatient mental health care in a psychiatric hospital is limited to 190 days in a lifetime.

Coinsurance
An amount you may be required to pay for services after you pay any plan deductibles. In the Original Medicare Plan, this is a percentage (like 20%) of the Medicare-approved amount. You have to pay this amount after you pay the Part A and/or Part B deductible. In a Medicare Prescription Drug Plan, the coinsurance will vary depending on how much you have spent.

Copayment
In some Medicare health and prescription drug plans, an amount you pay for each medical service, like a doctor's visit, or prescription. A copayment is usually a set amount you pay. For example, this could be $10 or $20 for a doctor's visit or prescription. Copayments are also used for some hospital outpatient services in the Original Medicare Plan.

Creditable Prescription Drug Coverage
Prescription drug coverage (for example, from an employer or union) that is expected to pay, on average, at least as much as Medicare's standard prescription drug coverage.

Custodial Care
Nonskilled, personal care, such as help with activities of daily living like bathing, dressing, eating, getting in and out of a bed or chair, moving around, and using the bathroom. It may also include care that most people do themselves, like using eye drops. In most cases, Medicare doesn't pay for custodial care.

Deductible
The amount you must pay for health care or prescriptions, before the Original Medicare Plan, your prescription drug plan, or other insurance begins to pay. For example, in the Original Medicare Plan, you pay a new deductible for each benefit period for Part A and each year for Part B. These amounts can change every year.

Durable Power of Attorney
A legal document that enables you to designate another person, called the attorney-in-fact, to act on your behalf, in the event you become disabled or incapacitated.

Home Health Agency
An organization that gives home care services, like skilled nursing care, physical therapy, occupational therapy, speech therapy, and personal care by home health aides.

Home Health Care
Limited part-time or intermittent skilled nursing care and home health aide services, physical therapy, occupational therapy, speech-language therapy, medical social services, durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers), medical supplies, and other services.

Homebound
Normally unable to leave home unassisted. To be homebound means that leaving home takes considerable and taxing effort. A person may leave home for medical treatment or short, infrequent absences for non-medical reasons, such as a trip to the barber or to attend religious service. A need for adult day care doesn't keep you from getting home health care.

Hospice Care
A special way of caring for people who are terminally ill. Hospice care involves a team-oriented approach that addresses the medical, physical, social, emotional and spiritual needs of the patient. Hospice also provides support to the patient's family or caregiver as well. Hospice care is covered under Medicare Part A (hospital insurance).

Living Will
A legal document also known as a medical directive or advance directive. It states your wishes regarding life-support or other medical treatment in certain circumstances, usually when death is imminent.

Long-term Care
A variety of services that help people with health or personal needs and activities of daily living over a period of time. Long-term care can be provided at home, in the community, or in various types of facilities, including nursing homes and assisted living facilities. Most long-term care is custodial care. Medicare doesn't pay for this type of care if this is the only kind of care you need.

Medicare Advantage Plan (Part C)
A type of Medicare Plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. Also called Part C, Medicare Advantage Plans are HMOs, PPOs, Private Fee-for-Service Plans, Special Needs Plans or Medicare Medical Savings Account Plans. If you are enrolled in a Medicare Advantage Plan, Medicare services are covered through the plan, and aren't paid for under the Original Medicare Plan. Some Medicare Advantage Plans offer prescription drug coverage.

Medicare-approved Amount
In the Original Medicare Plan, this is the amount a doctor or supplier that accepts assignment can be paid. It includes what Medicare pays and any deductible, coinsurance, or copayment that you pay. It may be less than the actual amount a doctor or supplier charges.

Medicare Cost Plan
A Medicare Cost Plan is a type of HMO. In a Medicare Cost Plan, if you get services outside of the plan's network without a referral, your Medicare-covered services will be paid for under the Original Medicare Plan (your Cost Plan pays for emergency services, or urgently needed services).

Medicare Health Maintenance Organization (HMO) Plan
A type of Medicare Advantage Plan that is available in some areas of the country. Plans must cover all Medicare Part A and Part B health care. Some HMOs cover extra benefits, like extra days in the hospital. In most HMOs, you can only go to doctors, specialists, or hospitals on the plan's list except in an emergency. Your costs may be lower than in the Original Medicare Plan.

Medicare Medical Savings Account (MSA) Plan
MSA Plans combine a high-deductible Medicare Advantage Plan (like an HMO or PPO) with a Medical Savings Account for medical expenses.

Medicare Part A
Hospital insurance that pays for inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.

Medicare Part B
Medicare medical insurance that helps pay for doctors' services, outpatient hospital care, durable medical equipment, and some medical services that aren't covered by Part A.

Medicare Preferred Provider Organization (PPO) Plan
A type of Medicare Advantage Plan available in a local or regional area in which you pay less if you use doctors, hospitals, and providers that belong to the network. You can use doctors, hospitals, and providers outside of the network for an additional cost. Many Medicare Advantage Plans are PPOs.

Medicare Prescription Drug Plan (Part D)
A stand-alone drug plan, offered by insurers and other private companies to people who get benefits through the Original Medicare Plan, through a Medicare Private Fee-for-Service Plan, a Medicare Cost Plan, or Medicare Medical Savings Account Plan. Medicare Advantage Plans may also offer prescription drug coverage that must follow the same rules as Medicare Prescription Drug Plans.

Medicare Private Fee-for-Service (PFFS) Plan
A type of Medicare Advantage Plan in which you may go to any Medicare-approved doctor or hospital that accepts the plan's payment. The insurance plan, rather than the Medicare Program, decides how much it will pay and what you pay for the services you get. You may pay more or less for Medicare-covered benefits. You may have extra benefits the Original Medicare Plan doesn't cover.

Medigap Policy
Medicare Supplement Insurance sold by private insurance companies to fill "gaps" in Original Medicare Plan coverage.

Medicare Special Needs Plan
A special type of Medicare Advantage Plan that provides more focused and specialized health care for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home, or have certain chronic medical conditions.

Nursing Facility
A facility which primarily provides skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.

Nursing Home
A residence that provides a room, meals, and help with activities of daily living and recreation. Generally, nursing home residents have physical or mental problems that keep them from living on their own. They usually require daily assistance.

Ombudsman
An independent advocate (supporter) for nursing home and assisted living facility residents who works to solve problems between residents and nursing homes or assisted living facilities. They may be able to provide information about home health agencies in their area. Also called "Long-term Care Ombudsman."

Original Medicare Plan
The Original Medicare Plan has two parts: Part A (hospital insurance) and Part B (medical insurance). It is a fee-for-service health plan. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance and deductibles).

Power of Attorney
A medical power of attorney is a document that lets you appoint someone you trust to make decisions about your medical care. This type of advance directive also may be called a health care proxy, appointment of health care agent, or a durable power of attorney for health care.

Regional Home Health Intermediary
A private company that contracts with Medicare to check on the quality of home health care and pay home health and hospice bills.

Rehabilitation
Rehabilitative services are ordered by your doctor to help you recover from an illness or injury. These services are given by nurses, and physical, occupational and speech therapists. Examples include working with a physical therapist to help you walk and with an occupational therapist to help you get dressed.

Respite Care
Temporary or periodic care provided in a nursing home, assisted living facility, or other type of long-term care program so that the usual caregiver can rest or take some time off.

Skilled Nursing Facility
A nursing facility with the staff and equipment to give skilled nursing care and/or skilled rehabilitation services and other related health services.

State Health Insurance Assistance Program (SHIP)
A state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare.

State Medical Assistance Office
A state agency that is in charge of the State's Medicaid program and can give information about programs that help pay medical bills for people with limited income and resources.

State Health Insurance Assistance Program – Call for help with

- buying a Medigap policy or long-term care insurance
- dealing with Medicare bills, payment denials or appeals
- Medicare rights and protections
- complaints about your care or treatment
- choosing a Medicare Health Plan or Medicare Prescription Drug Plan

These are the telephone numbers for the State Health Insurance Assistance Program in each state. These numbers were correct at the time of printing. Sometimes these numbers change. To get the most up-to-date telephone numbers, call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov on the web. Under "Search Tools," select "Find Helpful Phone Numbers and Websites."

Alabama
1 (800)243-5463

Alaska 1 (907)269-3680
1 (800)478-6065 in-state calls only

Arizona
1 (800)432-4040

Arkansas
1 (800)224-6330

California
1 (800)434-0222

Colorado
1 (888)696-7213

Connecticut 1 (860)424-5862
1 (800)994-9422 in-state calls only

Delaware 1 (302)739-6266
1 (800)336-9500 in-state calls only

Florida
1 (800)963-5337

Georgia
1 (800)669-8387

Guam
1 (671)735-7382

Hawaii
1 (888)875-9229

Idaho
1 (800)247-4422 in-state calls only

Illinois 1 (217)785-9021
1 (800)548-9034 in-state calls only

Indiana
1 (800)452-4800

Iowa
1 (800)351-4664

Kansas
1 (800)860-5260

Kentucky
1 (877)293-7447

Louisiana 1 (225)342-5301
1 (800)259-5301 in-state calls only

Maine 1 (207)621-0087
1 (877)353-3771 in-state calls only

Maryland 1 (410)767-1100
1 (800)243-3425 in-state calls only

Massachusetts
1 (800)243-4636

Michigan
1 (800)803-7174

Minnesota
1 (800)333-2433

Mississippi
1 (800)948-3090

Missouri
1 (800)390-3330

Montana 1 (406)444-7870
1 (800)551-3191 in-state calls only

Nebraska
1 (800)234-7119

Nevada
1 (800)307-4444

New Hampshire
1 (866)634-9412

New Jersey 1 (877)222-3737
1 (800)792-8820 in-state calls only

New Mexico 1 (505)476-4799
1 (800)432-2080 in-state calls only

New York
1 (800)701-0501

North Carolina 1 (919)807-6900
1 (800)443-9354 in-state calls only

North Dakota
1 (888)575-6611

Ohio
1 (800)686-1578

Oklahoma 1 (405)521-6628
1 (800)763-2828 in-state calls only

Oregon 1 (503)378-2014
1 (800)722-4134 in-state calls only

Pennsylvania
1 (800)783-7067

Puerto Rico
1 (877)725-4300

Rhode Island
1 (401)462-4444

South Carolina
1 (800)868-9095

South Dakota
1 (800)536-8197

Tennessee
1 (877)801-0044

Texas
1 (800)252-9240

Utah 1 (801)538-3910
1 (800)541-7735 in-state calls only

Vermont 1 (802)748-5182
1 (800)642-5119 in-state calls only

Virgin Islands 1 (340)772-7368
1 (340)714-4354 (St. Thomas)

Virginia
1 (800)552-3402

Washington
1 (800)562-6900

Washington DC
1 (202)739-0668

West Virginia
1 (877)987-4463

Wisconsin
1 (800)242-1060

Wyoming
1 (800)856-4398

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